

HHS/CDC Global AIDS Program (GAP) in Rwanda – FY 2003



About the Country of Rwanda

Capital City: Kigali

Area: 26,338 sq km (10,169 sq mi)

Population: 7.9 million

The HIV/AIDS Situation in Rwanda

HIV Infected: 500,000¹

AIDS Deaths: 49,000²

AIDS Orphans: 260,000³

By the end of 2001, 9% of the adult population in Rwanda was HIV-positive, including 65,000 children, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). Rwanda has a generalized epidemic with all sites reporting greater than 1% prevalence, but the epidemic is not equally distributed throughout the urban and rural areas of the country. Contraceptive use is low (4%), as is condom use in the general population (1.4% female; 4% male). Rwandans report a median age at first sex

at around 21 years for both men and women. In the 2000 Youth Behavioral Surveillance Survey, 29% of males and 12% of females aged 15 to 19 reported ever having sexual intercourse, though only 4% of females and 6% of males reported having sex within the past 12 months (sexually active). There is a high use of antenatal care services, with 92% of pregnant women attending at least one prenatal visit in Rwanda. In contrast, home delivery is the norm, with only 26% of Rwandans delivering in a health care facility. These patterns of service use have important implications for the design and execution of Prevention of Mother-to-Child-Transmission (PMTCT) interventions.

About the Global AIDS Program in Rwanda

Year Established: 2001

FY 2003 Budget: \$1.69 million USD

In-country Staffing: 2 CDC Direct Hires; 3 Locally Employed Staff⁴

Program Activities and Accomplishments

In FY 2003, GAP Rwanda achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Continued to provide financial and technical support for voluntary counseling and testing (VCT) through Family Health International (FHI)/IMPACT. More than 9,000 clients learned their HIV status in FY 2003 from GAP Rwanda-supported VCT sites.
- Provided financial and technical support for sexually-transmitted infection (STI)-related activities through FHI/IMPACT.
- Provided financial and technical support through FHI/IMPACT for youth peer education

¹ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook>.

³ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

services in Kibuye province. A Catholic Diocesan youth peer education program reached more than 24,000 youth with HIV/AIDS education messages.

Preventing Mother-to-Child HIV Transmission (PMTCT)

- Developed a joint U.S. Government (USG) strategy for PMTCT service expansion, with GAP Rwanda providing critical central-level support and the United States Agency for International Development (USAID) providing site level expansion.
- Worked with the Treatment and Research AIDS Center (TRAC) to develop a multi-site antiretroviral therapy (ART) program funded through GAP Rwanda and the World Bank Multi-Country HIV/AIDS Program (MAP). During FY 2003, GAP Rwanda and TRAC implemented several major activities as part of this unique collaboration:
 - Conducted a situational analysis of ART service delivery in Rwanda and developed several models for a potential ART program.
 - Refined the model and pilot program plans into site readiness documents. The resulting provincial model outlines ART provision at district hospitals, with more complex laboratory and referral support from newly strengthened reference hospitals at the provincial level.
 - Assisted in the development of the budget and operational plan for the 13 ART programs.

Surveillance and Infrastructure Development

- Provided financial, technical, and logistical support in the development of surveillance capacity at TRAC, culminating in the national dissemination of the first HIV sentinel surveillance results since 1998. Results from the 2002 survey have had an important impact on local understanding of the HIV/AIDS epidemic in Rwanda.
- Enabled the expansion of the lab quality assurance program to a total of 49 participating sites.
- Supported the government of Rwanda in identifying problems in two testing sites through the quality assurance program and responding by temporarily suspending testing services while staff was retrained and performance improved. The ability of the government to ensure quality service delivery for PMTCT/VCT will remain critical as the country expands to 117 VCT/PMTCT sites through the Integrated VCT Global Fund project.
- Improved communications and data management at TRAC, with the creation of a GAP Rwanda-supported state-of-the-art computer network.
- Supported the training of key staff from TRAC, Global Fund partners, and the World Bank/MAP program management unit in program planning, monitoring and evaluation. A direct result of this training was the development of a draft 6-month PMTCT/VCT operational plan for Global Fund scale-up.
- Continued to develop a set of national resources and references for the PMTCT national program in Rwanda. GAP Rwanda and USAID jointly provided technical assistance for the development of draft training materials for PMTCT/VCT, STI, and HIV/AIDS care and treatment. These materials will serve as the basis for developing a national curriculum for training health care workers at the 117 “Integrated PMTCT/VCT” sites of the Global Fund to Fight AIDS, TB, and Malaria, the ten VCT/PMTCT and 13 Government of Rwanda ART program sites, and the 23 PMTCT sites currently supported by the USG.
- Coordinated with USAID to address important HIV/AIDS challenges in Rwanda. As a united team, GAP Rwanda and USAID identified opportunities and issues and jointly addressed them with representatives from the government of Rwanda.

Challenges

- Rapid turnover of personnel due to non-competitive public sector salaries, burnout, and brain drain further affect the ability of the Ministry of Health to advance programs.